
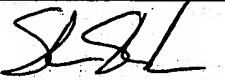




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| Issue Classification  | Application No. | Applicant(s) | |
| | 10/099,766 | VALE ET AL. | |
| | Examiner | Art Unit | |
| | Sheridan K Snedden | 1653 | |

| ISSUE CLASSIFICATION | | | | | | | | | | | | | |
|--|-----------------|----------|---|-------|---|-----------------------------------|--|--|--|---------------------|-----------------|---|------|
| ORIGINAL | | | | | CROSS REFERENCE(S) | | | | | | | | |
| CLASS | | SUBCLASS | | | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | | | |
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|  7/9/04 (Assistant Examiner) (Date) | | | | |  KAREN COCHRANE CARLSON, PH.D. PRIMARY EXAMINER 7-22-04 (Primary Examiner) (Date) | | | | | | | | |
|  7/22/04 (Legal Instruments Examiner) (Date) | | | | | Total Claims Allowed: 43 <table border="1"> <tr> <td>O.G. Print Claim(s)</td> <td>O.G. Print Fig.</td> </tr> <tr> <td>1</td> <td>none</td> </tr> </table> | | | | | O.G. Print Claim(s) | O.G. Print Fig. | 1 | none |
| O.G. Print Claim(s) | O.G. Print Fig. | | | | | | | | | | | | |
| 1 | none | | | | | | | | | | | | |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | |
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| Final | Original | Final | Original | Final | Original | Final | Original |
| | 1 | 19 | 31 | 36 | 61 | | 91 |
| 1 | 2 | | 32 | | 62 | | 92 |
| 2 | 3 | | 33 | | 63 | | 93 |
| 3 | 4 | | 34 | | 64 | | 94 |
| 4 | 5 | | 35 | 37 | 65 | | 95 |
| 5 | 6 | 20 | 36 | 38 | 66 | | 96 |
| 6 | 7 | | 37 | | 67 | | 97 |
| 7 | 8 | 21 | 38 | | 68 | | 98 |
| 8 | 9 | 22 | 39 | | 69 | | 99 |
| 9 | 10 | 23 | 40 | | 70 | | 100 |
| | 11 | 24 | 41 | | 71 | | 101 |
| | 12 | 25 | 42 | | 72 | | 102 |
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| 10 | 14 | 27 | 44 | | 74 | | 104 |
| 11 | 15 | 28 | 45 | | 75 | | 105 |
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| 12 | 19 | 29 | 49 | 40 | 79 | | 109 |
| 13 | 20 | 30 | 50 | 41 | 80 | | 110 |
| 14 | 21 | | 51 | 42 | 81 | | 111 |
| 15 | 22 | | 52 | 43 | 82 | | 112 |
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